PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| L | | 10/ 573,364. | | | | | | | | |
|--|---|---|-------------------|---|--------------------|--|----------------------------------|-----------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY | | | | |
| U.S. NATIONAL STAGE FEES | | | | | | RATE | FEE |] | RATE | FEE |
| BASIC FEE | | | | | | BASIC FEE | | OR | BASIC FEE | 300 |
| EXAMINATION FEE | | | | | | EXAM FEE | | 1 | EXAM. FEE | 200 |
| SEARCH FEE | | | | | | SEARCH FEE | | 1 | SEARCH FEE | 400 |
| FEE FOR EXTRA SPEC. PGS. | | | m | ninus 100 = | / 50 = i | X \$ 125 = | | 1 | X \$ 250 = | 250 |
| TOTAL CHARGEABLE CLAIMS | | | 23 minus 20 = * 3 | | X \$ 25 = | | OR | X \$ 50 = | 150 | |
| INDEPENDENT CLAIMS | | | 2 | minus 3 = * | | X \$ 100 = | | OR | X \$ 200 = | 130 |
| MUL | TIPLE DEPEN | DENT CLAIM PR | ESENT | | | + \$ 180 = | | OR | + \$ 360 = | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | TOTAL | | OR | TOTAL | 13cc |
| | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST | | | | | | OTHER THAN ITITY OR SMALL ENTITY | | | |
| AMENDMENT A | | REMAINING AFTER AMENDMENT | | NUMBER PREVIOUSL PAID FOR | PRESENT Y EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | = . | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Miņus | *** | = . | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | TOTAL ADDIT | | OR | TOTAL ADDIT. FFF | |
| | | (Column 1) | | (Column 2) |) (Column 3) | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSL' PAID FOR | PRESENT Y EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | = | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | = | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | TOTAL ADDIT. FFF | | OR | TOTAL ADDIT. FFF | |
| * ** | If the "Highest No | imber Previously Pa | id For" IN THIS | nn 2, write "0" in colù | '20', enter "20". | • | | | ··· • | |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.